



Utilization Management
Phone No.: 1-877-284-0102 Fax No.: 1-800-510-2162

HealthLink Home Health Care/Hospice Pre-Review

Date: _____ Notification # _____ (provided after initial review)
A Utilization Management representative will fax you a notification number by the next business day after receiving this completed form. This notification number does not indicate an approval or denial of benefits, but only proof that the Plan has been notified. This information will be forwarded to the Plan's Managed Care department. If you have any questions, please call Healthlink at 1-877-284-0102.

Provider Information

Provider's Name: _____
 Address _____
 Phone No. _____ Fax No.(Required) _____

Enrollee Information

Patient's Name: _____
 ID Number _____ Patient's DOB: _____
 Address _____
 Height: _____ Weight: _____ Daytime Phone No. _____

Ordering Physician Information

Physician Name _____
 Address _____
 Phone No. _____ Fax No. _____
 TIN: _____
 Referred to Agency from: HOSP SNF REHAB OTHER

Treatment Information

Diagnosis (ICD-9): _____
 Past Medical History: _____

Home Health Care Home Infusion
 Current Med. & Functional Status Summary: (pertaining to Home Services.)
 Homebound YES NO
 Where does the Patient reside Own Home SNF OTHER
 Does the Patient have a Primary Care Giver? YES NO

If **yes**, please specify: _____

Social Factors (family, community services): _____

Goals: _____

Treatment Plan* (include wound measurements) _____

SERVICES REQUESTED:

	# visits	From	To	Published Rate	Negotiated Rate
SKNS					
HHA					
PT					
OT					
ST					
MSW					

Contact Information

Contact Person _____
Phone No. _____ Fax No. _____

Staff Signature/Title: _____ Date: _____

**Preferred provider available for DME and HI services*

Benefits depend upon the eligibility of the patient at the time of admission, subject to all other Plan limitations, pre-admission review requirement and prior related claims. Verification of eligibility and description of benefits are based upon the information we have on file and does not guarantee payment.